2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 31, 2008 08:00 Al **DOCUMENT # P06000085673** Secretary of State 1. Entity Name HUGHES ALTERNATIVE DISTRIBUTION, INC. Principal Place of Business Mailing Address 1417 SADLER ROAD 1417 SADLER ROAD FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-5109607 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, ROLAND G JR. Street Address (P.O. Box Number is Not Acceptable) 1417 SADLER ROAD #354 FERNANDINA BEACH FL 32034 Zip Code 8. The above na initiv submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PD ☐ Change ☐ Addition Delete U00000874261 NAME HUGHES, ROLAND G JR NAME 04/10/08-80111-013 150.00 STREET ADDRESS 1417 SADLER ROAD STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE ST ☐ Defete ☐ Change Addition NAME HUGHES, MARY S STREET ADDRESS 1417 SADLER ROAD STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP Darete TITLE □ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or complemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE